



106 Ardsley Road  
Upper Darby, PA 19082-1504,  
USA

**Phone:** +1 646 508-0096  
**Fax:** +1 832 213-1664  
**Website:** [www.earthMed.org](http://www.earthMed.org)  
**Email:** [info@earthMed.org](mailto:info@earthMed.org)

Tax ID #26-0462011

A 501(c)(3) public charity

PA Bureau of Charitable Organizations  
207 North Office Building  
Harrisburg, PA 17120  
(717) 783-1720

October 22, 2017

Included in this submission are the documents listed below:

- PA BCO-10
- PA BCO-23
- earthMed IRS 990-N 2016-17
- earthMed Financial Statement 2016-17
- earthMed IRS Letter of Determination
- Attachment #1 (earthMed officer list)
- Check for \$15 made to "PA Bureau of Charitable Organizations"

Please contact me at (646) 508-0096 or e-mail me at [lschonder@earthmed.org](mailto:lschonder@earthmed.org) with any questions or concerns.

A handwritten signature in blue ink, reading "Louis W. Schonder". The signature is fluid and cursive, with the first name "Louis" and last name "Schonder" clearly legible.

Louis W. Schonder  
Director, earthMed



Commonwealth of  
Pennsylvania  
Department of State

**Bureau of Charitable Organizations**  
**207 North Office Building**  
**Harrisburg, Pennsylvania 17120**  
Telephone: (717) 783-1720  
(800) 732-0999 (within PA only)  
Fax: (717) 783-6014  
Website: [www.dos.state.pa.us/charities](http://www.dos.state.pa.us/charities)

For Official Use Only

Approved: \_\_\_\_\_

RF: \_\_\_\_\_

AF: \_\_\_\_\_

LF: \_\_\_\_\_

Fee Received: \_\_\_\_\_

## Charitable Organization Registration Statement – Form BCO-10

☐ Check if registering voluntarily  
(See note under "important information")

Certificate Number: 39059  
(Renewals Only)

Fiscal Year Ended: 06 / 30 / 2017

Employer Identification Number (EIN): 26-0462011

1. Legal name of organization: earthMed

☐ Check if name change Previous name: \_\_\_\_\_

2. All other names used to solicit contributions: \_\_\_\_\_

3. Contact person: Lou Schonder

Contact's E-mail: lschonder@earthmed.org

Physical address of organization: (Required) Mailing address: (If different than physical)  
106 Ardsley Road \_\_\_\_\_

City: Upper Darby

City: \_\_\_\_\_

State: PA Zip code: 19082

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: Delaware

800 number: \_\_\_\_\_

Phone number: +1 (646) 508-0096

Fax number: +1 (832) 213-1664

E-mail (If different than Contact's E-mail): \_\_\_\_\_

Website: http://www.earthmed.org

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

earthMed, 106 Ardsley Road, Upper Darby, PA 19082

+1 (646) 508-0096

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization: (See footnote #2 of instructions. Volunteer registrants do not respond.)

162.7(a)(1) ☐

162.7(a)(2) ☐

162.7(a)(3) ☐

162.7(a)(4) ☐

Not Applicable ☒

6. List type of organization (e.g. corporation, association, etc.): Nonprofit organization, 501(c)(3)

Where established: Upper Darby

Date established:\*\* 07/01/2007

\*\* (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes ☐ No ☒ (Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Items 8 and 9 are required to be completed by initial registrants only**

8. Date organization first solicited contributions from Pennsylvania residents:

07 / 01 / 2007

9. If organization solicited Pennsylvania residents and received *gross*\* contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. 10 / 29 / 2016

\*Includes contributions received both within and outside Pennsylvania

10. Has organization been granted IRS tax-exempt status? Yes ☒ No ☐ (If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(c)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes ☐ No ☒ (If "Yes" attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes ☐ No ☒

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

Execute the mission of earthMed as an independent, non- sectarian, non-political organization,

providing carefully planned, appropriate services changing in response to the changing needs of those

we support, and fostering an atmosphere of growth within the organization to improve our abilities

to better carry out our mission.

**13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):**

Internet

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**14. Is organization registered to solicit contributions in any other state or municipality? Yes ☐ No ☒ (If "Yes", list all states and municipalities. Attach separate sheet if necessary.)**

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**15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary. Refer to "Definitions" for definition of a professional solicitor)**

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**16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary. Refer to "Definitions" for definition of a fundraising counsel)**

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**17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:**

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18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes ☐ No ☐ Not Applicable ☒ (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations:  
(For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

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19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes ☐ No ☒ (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

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(Legal name of parent organization)

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(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes ☐ No ☒ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes ☐ No ☒ (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)
22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes ☐ No ☒ (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes ☐ No ☒ (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)
24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

Please see the attachment #1

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**25. Names and addresses for: (Attach separate sheet if necessary)**

**A. Individual(s) in charge of solicitation activities:**

Please see the attachment #1

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**B. Individual(s) with final responsibility for the custody of contributions:**

Please see the attachment #1

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**C. Individual(s) with final responsibility for final distribution of contributions:**

Please see the attachment #1

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**D. Individual(s) responsible for custody of financial records:**

Please see the attachment #1

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**26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:**

**A. Any other officer, director, trustee, or employee? Yes ☐ No ☒**

**B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes ☐ No ☒**

**C. Any supplier or vendor providing goods or services? Yes ☐ No ☒**

**27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:**

**A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes ☐ No ☒**

**B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes ☐ No ☒**

**C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes ☐ No ☒**

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Lou Schonder

Digitally signed by Lou Schonder  
DN: cn=Lou Schonder, o, ou,  
email=lschonder@hotmail.com, c=US  
Date: 2016.11.17 15:22:08 -05'00'

Signature of Chief Fiscal Officer

Louis William Schonder

Type or Print Name and Title of Chief  
Fiscal Officer

Dr. John Handy

Digitally signed by Dr. John Handy  
DN: cn=Dr. John Handy, o=earthMed, ou,  
email=jhandy@earthmed.org, c=US  
Date: 2016.11.17 15:43:34 -05'00'

Signature of Another Authorized Officer

Dr. John Handy

Type or Print Name and Title of  
Another Authorized Officer

Date 10/23/2017

Date 10/23/2017

### Checklist

- ☒ Original Registration Statement Properly Signed and Dated
- ☒ A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
- ☒ Form BCO-23, if Required
- ☒ Applicable Financial Statements
- ☒ Registration Fee and any Late Filing Fees
- ☐ Additional Filings, if an Initial Registrant

## PENNSYLVANIA PUBLIC DISCLOSURE FORM BCO-23

ORGANIZATION NAME: **earthMed**CERTIFICATE NUMBER: **39059**FOR FISCAL YEAR ENDED: **Jun 30, 2017****Part I: Gross Contributions**

|  |          |            |
|--|----------|------------|
| 1) General Contributions   | 1        | <b>681</b> |
| 2) Gross Receipts from Special Events                              | 2        |            |
| 3) Contributions from Affiliates                                   | 3        |            |
| 4) Contributions Received from Federated Fundraising Organizations | 4        |            |
| 5) Receipts from Membership Dues in Excess of Bona Fide Dues       | 5        |            |
| <b>6) Gross Contributions (add lines 1 through 5)</b>              | <b>6</b> | <b>681</b> |

**Part II: Other Income**

|  |           |            |
|--|-----------|------------|
| 7) Program Service Revenues                      | 7         |            |
| 8) Bona Fide Membership Dues and Assessments     | 8         |            |
| 9) Government Grants and Contracts               | 9         |            |
| 10) Miscellaneous Income                         | 10        |            |
| <b>11) Total Income (add lines 6 through 10)</b> | <b>11</b> | <b>681</b> |

**Part III: Expenses**

|  |           |            |
|--|-----------|------------|
| 12) Program Services   | 12        |            |
| 13) Administrative Expenses  | 13        | <b>713</b> |
| 14) Fundraising Expenses   | 14        | <b>4</b>   |
| 15) Payments to Affiliated Organizations                                 | 15        |            |
| 16) Other Expenses from Special Events (other than fundraising expenses) | 16        |            |
| 17) Miscellaneous Expenses   | 17        |            |
| <b>18) Total Expenses (add lines 12 through 17)</b>                      | <b>18</b> | <b>717</b> |

**Part IV: Net Assets**

|  |           |              |
|--|-----------|--------------|
| 19) Excess or (Deficit) for the Year (subtract line 18 from line 11)                 | 19        | <b>-36</b>   |
| 20) Net Assets or Fund Balances at Beginning of Year                                 | 20        | <b>6,628</b> |
| 21) Other Changes in Net Assets or Fund Balances (attach explanation)                | 21        |              |
| <b>22) Net Assets or Fund Balances at End of Year (combine lines 19, 20, and 21)</b> | <b>22</b> | <b>6,592</b> |

(See Next Page for "Salaries and Expense Allowance Statement")



## **SALARIES AND EXPENSE ALLOWANCE STATEMENT**

**Report salaries paid and expenses allowed to the five highest paid employees. Additionally, include salaries paid and expenses allowed to any and all compensated officers of the organization.**

23) Salaries and Expense:

| Name of Individual | Title and Average Hours Per Week Devoted to Position | Salary | Expense Account and Other Allowances |
|--------------------|--|--------|--------------------------------------|
| 1. NA              | NA   | 0      | 0                                    |
| 2. NA              | NA   | 0      | 0                                    |
| 3. NA              | NA   | 0      | 0                                    |
| 4. NA              | NA   | 0      | 0                                    |
| 5. NA              | NA   | 0      | 0                                    |

*Five Highest Paid Employees:*

*Officers:*

|                   |                                  |   |   |
|-------------------|----------------------------------|---|---|
| Lou Schonder      | Director/2                       | 0 | 0 |
| Dr. Patricia Babb | Medical Director/2               | 0 | 0 |
| Linnea Nichols    | Executive Secretary/2            | 0 | 0 |
| Dustin Telford    | Director, Clinical Engineering/2 | 0 | 0 |
| Dr. John Handy    | Advisor/2                        | 0 | 0 |
| Peter Allen       | Advisor/2                        | 0 | 0 |
| Lee Evey          | Advisor/2                        | 0 | 0 |
| Geraldine Pearce  | Advisor/2                        | 0 | 0 |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |
|                   |                                  |   |   |

**INSTRUCTIONS FOR COMPLETING FORM BCO-23**

*An organization which is not required to file an IRS 990 Return must file a BCO-23 Form. This includes an organization that files a 990N, 990EZ, or 990PF, or an affiliate whose parent organization files a 990 group return must file a BCO-23 Form in addition to filing a copy of the organization's IRS 990 Return.*

- 1) **General Contributions:** Enter the total gross contributions, gifts, grants and similar amounts received, including contributions from individuals, commercial co-ventures, corporations and other businesses, foundations, public charities, exempt organizations (do not include amounts received from fundraising organizations or affiliates), trusts, and estates. Also include noncash contributions such as donated land, buildings, property, equipment, and materials (exclude the value of services donated to the organization and the free use of materials, equipment or facilities). Noncash items should be valued at their fair market values on the date of their contribution to the organization. **Exclude government grants and contracts.**
- 2) **Gross Receipts from Special Events:** Enter the **total** gross amounts received from all special events and activities conducted by the organization, or on its behalf. Include amounts received from events that were conducted primarily to raise funds to finance the organization's exempt activities. Events and activities include, but are not limited to, carnivals, dinners, dances, raffles, shows, sales to the public, bingo games, and other gambling activities. **Do not reduce the total gross amounts received by any expenses related to the events or activities. These expenses should be included on lines 14 or 16.**
- 3) **Contributions from Affiliates:** Enter the total contributions received from associated organizations such as affiliates, national organizations, or parent organizations.
- 4) **Contributions Received from Federated Fundraising Organizations:** Enter the total contributions received from fundraising organizations such as United Way, United Fund, and Community Chests.
- 5) **Receipts from Membership Dues in Excess of Bona Fide Dues:** Include only those dues that represent contributions from the public. Dues are considered to be contributions to the extent that they **exceed** the monetary value of the benefits available to the member. **Do not include the amounts received up to the value of the benefits available to the member. These amounts are bona fide membership dues and should be included on line 8.**
- 6) **Gross Contributions:** Add lines 1 through 5.
- 7) **Program Service Revenues:** Enter the gross amount of fees and revenues earned by the organization for providing services or performing activities that fulfill the organization's stated mission or purpose. Include income earned for providing a government agency with a service, product, or facility that directly benefited only the government agency. **Do not include any amounts received from a government agency that are used to serve the needs of the general public. These amounts should be included on line 9.**
- 8) **Bona Fide Membership Dues and Assessments:** Include only those dues and assessments received that do **not** exceed the monetary value of the benefits available to the member. **Do not include dues received by the organization to the extent that they exceed the monetary value of the benefits available to the member. These amounts should be included on line 5. If a member pays dues mainly to support the organization (not to obtain benefits) include this amount on line 5.**
- 9) **Government Grants and Contracts:** Include total grants or other payments received from a federal, state, or local governmental unit if its primary purpose is to enable the organization to provide a service, product, or maintain a facility for the primary benefit of the general public. **Do not include any amounts received that are used to serve the needs of the governmental agency. These amounts should be included on line 7.**

CONTINUED ON PAGE #13

- 10) **Miscellaneous Income:** This figure represents the total income from all sources not covered by lines 1 through 5 and lines 7 through 9, including, but not limited to, interest, dividends and interest from securities, gross rental income, gross amounts from the sale of assets other than inventory, and gross sales of inventory (this does not include items that were sold through a special event or activity).
- 11) **Total Income:** Add lines 6 through 10.
- 12) **Program Services:** Include total costs of services or activities performed by the organization that fulfill its charitable purposes. Include any donations, grants, scholarships, or similar amounts given out in fulfillment of the organization's stated purposes. United Way and similar fundraising organizations should include allocations to participating agencies on this line. **Include allocated administrative expenses, if any. See instructions to line 13.**
- 13) **Administrative Expenses:** Include costs related to the overall administration and management of the organization. **If a portion of these costs relate to program services or fundraising, a reasonable allocation should be made among the applicable functions.**
- 14) **Fundraising Expenses:** Include costs incurred in soliciting contributions, gifts, grants, and similar amounts. Fundraising expenses normally include, but are not limited to, costs of acquiring and maintaining mailing lists, the cost of printing and mailing solicitation materials, as well as the expense of unsolicited merchandise sent out to encourage contributions. Include fundraising expenses related to the organization's special events. **Do not include expenses directly attributable to furnishing the goods or services sold at a special event. These expenses should be included on line 16. Include allocated administrative expenses, if any. See instructions to line 13.**
- 15) **Payments to Affiliated Organizations:** Include all payments to organizations affiliated, associated, or closely-related to the reporting organization. Include dues paid to an affiliated state or national organization, including predetermined quota support and dues.
- 16) **Other Expenses from Special Events (other than fundraising expenses):** Include only those expenses directly attributable to the goods or services the buyer received from a special event. **Do not include fundraising expenses related to the organization's special events. These expenses should be included on line 14.**
- 17) **Miscellaneous Expenses:** Include expenses that are not reportable on lines 12 thru 16, including all expenses that are attributable to the income reported on line 10.
- 18) **Total Expenses:** Add lines 12 through 17.
- 19) **Excess or (Deficit) for the Year:** Enter the difference between lines 11 and 18. If line 18 is greater than line 11, enter the difference in parentheses.
- 20) **Net Assets or Fund Balances at Beginning of Year:** Organizations using fund accounting should report the total sum of the various fund balances at the beginning of the reporting year on this line. Organizations not using fund accounting should report their net assets, which is the difference between total assets and total liabilities. These amounts should agree with the ending fund balance of the prior fiscal year.
- 21) **Other Changes in Net Assets or Fund Balances:** Attach a schedule explaining any changes in net assets or fund balances between the beginning and end of the year that were not accounted for by the amount on line 19. Amounts to report here include, but are not limited to, adjustments of earlier years' activity, unrealized gains and losses on investments carried at market value, and any differences between fair market value and book value of property given out as an award or grant.
- 22) **Net Assets or Fund Balances at End of Year:** Combine lines 19, 20, and 21.
- 23) **Salaries and Expense Allowance Statement:** Refer to Form BCO-23 for instructions.

**FORM 990-N**Department of Treasury  
Internal Revenue Service**Electronic Notice (e-Postcard)**

For Tax Exempt Organizations not Required to File Form 990 or 990 EZ

OMB No. 1545-NNNN

**2016****Open To Public Inspection**

|  |  |
|--|--|
| A For the <u>2016</u> calendar year, or tax year beginning <u>07/01/2016</u> , and ending <u>06/30/2017</u>                              |  |
| B Check if applicable<br><input type="checkbox"/> Termination<br><input checked="" type="checkbox"/> Gross Receipts are \$50,000 or less | C Name of Organization<br><u>EARTHMED</u>  |
|  | Number and Street (or P.O. box, if mail is not delivered to street address)<br><u>106 ARDSLEY RD</u>                       |
| E Website Address<br><u>http://www.earthmed.org</u>  | City or town, state or country, and Zip + 4<br><u>UPPER DARBY, PA 19082-1504</u>   |
|  | F Name of Principal Officer<br><u>Louis W Schonder</u>   |
|  | Number of street (or P.O. box, if mail is not delivered to street address) of Principal Officer<br><u>106 Ardsley Road</u> |
|  | City or town, state or country, and ZIP + 4<br><u>Upper Darby, PA 19082</u>  |
| D Employer ID number<br><u>260462011</u>   |  |

Form 990-N



Financial Statements and Supplemental Schedule  
For the Year Ended June 30, 2017

|                              | Page(s) |
|------------------------------|---------|
| <b>Financial Statements:</b> |         |
| Statement of Net Assets      | 1       |
| Statement of Changes         | 2       |
| Supplemental Schedule        | 3       |

earthMed  
Statement of Net Assets  
For the period ending June 30, 2017 and 2016

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|                                       | <u>June 30, 2017</u>      | <u>June 30, 2016</u>      |
|---------------------------------------|---------------------------|---------------------------|
| <b>Assets</b>                         |                           |                           |
| Citizens Bank Checking                | \$5,469                   | \$5,636                   |
| PayPal                                | \$1,123                   | \$991                     |
| Total                                 | <u>\$6,592</u>            | <u>\$6,628</u>            |
| <br>Net assets available for benefits | <br><u><b>\$6,592</b></u> | <br><u><b>\$6,628</b></u> |

earthMed  
Statement of Changes in Net Assets  
For the period ending June 30, 2017 and 2016

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|  | June 30, 2017  | June 30, 2016  |
|--|----------------|----------------|
| <b>Additions</b>                             |                |                |
| Public Donations                             | \$109          | \$100          |
| Corporate Donations                          | \$572          | \$1,058        |
| <b>Total Income</b>                          | <b>\$681</b>   | <b>\$1,158</b> |
| <br><b>Deductions</b>                        |                |                |
| Operational Expenses                         | \$717          | \$622          |
| <b>Total deductions</b>                      | <b>\$717</b>   | <b>\$622</b>   |
| <br><b>Net Increase</b>                      | <b>(\$36)</b>  | <b>\$537</b>   |
| <br><b>Net Assets Available for Benefits</b> |                |                |
| Beginning of period                          | \$6,628        | \$2,754        |
| End of period                                | <b>\$6,592</b> | <b>\$6,628</b> |



earthMed  
Supplemental Schedules  
For the period ending June 30, 2017 and 2016

|  | June 30, 2017 | June 30, 2016  | \$ Change      | % Change     |
|--|---------------|----------------|----------------|--------------|
| <b>Additions</b>                         |               |                |                |              |
| Unrestricted Direct Support              |               |                |                |              |
| Public Donations                         | \$0           | \$0            | \$0            | -            |
| Public Donations- Paypal                 | \$109         | \$100          | \$9            | 9%           |
| Corporate Donations- Matching Program    | \$572         | \$1,058        | (\$486)        |              |
| <b>Total Unrestricted Direct Support</b> | <b>\$681</b>  | <b>\$1,158</b> | <b>(\$477)</b> | <b>-41%</b>  |
| <b>Total Public Support</b>              | <b>\$109</b>  | <b>\$100</b>   | <b>\$9</b>     | <b>9%</b>    |
| <b>Total Corporate Support</b>           | <b>\$572</b>  | <b>\$1,058</b> | <b>(\$486)</b> |              |
| <b>Total Additions</b>                   | <b>\$681</b>  | <b>\$1,158</b> | <b>(\$477)</b> | <b>-41%</b>  |
| <b>Deductions</b>                        |               |                |                |              |
| Operational Expenses                     |               |                |                |              |
| Legal/Filing Fees                        | \$0           | \$0            | \$0            | -            |
| PayPal Fees                              | \$3           | \$3            | \$0            | 0%           |
| Bank Fees                                | \$0           | \$0            | \$0            | 100%         |
| Domestic Shipping & Mailing              | \$180         | \$0            | \$180          | 100%         |
| Advertising/ Marketing                   | \$519         | \$499          | \$20           | 4%           |
| Office Supplies                          | \$0           | \$0            | \$0            | -            |
| Tax Returns                              | \$15          | \$120          | (\$105)        | -            |
| <b>Operational Expenses</b>              | <b>\$717</b>  | <b>\$622</b>   | <b>\$95</b>    | <b>15%</b>   |
| <b>Total Deductions</b>                  | <b>\$717</b>  | <b>\$622</b>   | <b>\$95</b>    | <b>15%</b>   |
| <b>Net Increase, Cash on hand</b>        | <b>(\$36)</b> | <b>\$537</b>   | <b>(\$572)</b> | <b>-107%</b> |
| <b>Net Assets Available for benefits</b> |               |                |                |              |
| Beginning of period                      | \$6,628       | \$6,091        | \$537          | 9%           |
| End of period                            | \$6,592       | \$6,628        | (\$36)         | -1%          |

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 16 2009**

EARTHMED  
106 ARDSLEY RD  
UPPER DARBY, PA 19082-1504

Employer Identification Number:  
26-0462011  
DLN:  
17053030328009  
Contact Person: ZENIA LUK ID# 31522  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
September 04, 2007  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

EARTHMED

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Publication 4221-PC

**Attachment #1**

| <b><u>Name</u></b>   | <b><u>Address</u></b>                               | <b><u>Position</u></b> | <b><u>Compensation</u></b> |
|----------------------|---|------------------------|----------------------------|
| Mr. Lou Schonder     | 106 Ardsley Road, Upper Darby, PA 19082             | Director               | \$ -                       |
| Dr. Patricia Babb    | 155 North Harbor Drive, Apt 1603, Chicago, IL 60601 | Medical Director       | \$ -                       |
| Ms. Linnea Nichols   | 4825 Trey View Court, Mint Hill, NC 28227-8271      | Executive Secretary    | \$ -                       |
| Dr. John Handy       | 16955 Old River Dr Lake Oswego, OR 97034-5118       | Advisor                | \$ -                       |
| Mr. Peter Allen      | 27 Samuel Place, London, ON N6H 5G8                 | Advisor                | \$ -                       |
| Mr. Lee Evey         | 11715 Spring Path Court, Tomball, TX 77377          | Advisor                | \$ -                       |
| Ms. Geraldine Pearce | 1318 Windsor Harbor Dr, Jacksonville, FL 32225      | Advisor                | \$ -                       |